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<b>APPLICANTS</b> MARCIA C. LINEBARGER, ELKINS PARK, PA; JOHN F. ROMANIA, PHOENIXVILLE, PA;				
<b>** CONTINUING DATA *****</b> AAA				
<b>** FOREIGN APPLICATIONS *****</b> AAA				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 05/07/1998				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		<b>STATE OR COUNTRY</b> PA	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 33
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met				<b>INDEPENDENT CLAIMS</b> 1
Verified and Acknowledged		Allowance Examiner's Signature	Initials	
<b>ADDRESS</b> ROCCO L. ADORNATO UNISYS CORPORATION UNISYS WAY, MS/E8-114 BLUE BELL, PA19424-0001				
<b>TITLE</b> APHASIA THERAPY SYSTEM				
<b>FILING FEE RECEIVED</b> 1232	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	